

INsite v. 3.7h

Release Notes

August 27, 2010



Note: the Dead Line for applying this patch is September 20, 2010. Any CCB's finalized with an earlier version of INsite on or after that date will be automatically denied when received at the State.

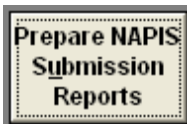
Please read these release notes in their entirety

Eligibility Screen (AAAs only)

- An e-screen that has been completed within one year of the date of service is now required for all Cluster 1 services entered via the NAPIS module and services placed on a plan of care.
- The one exception is that case management will not require a current e-screen.
- Cluster 1 services are personal care (attendant care, home health aide, skilled nursing, etc.), homemaker, chore, home delivered meals, and adult day service.
- This applies to *all* non-waiver funding sources.

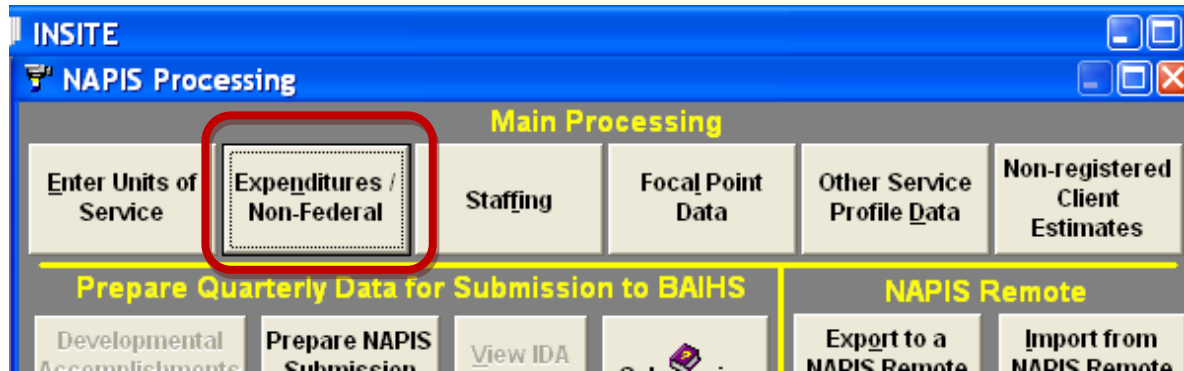
NAPIS (AAAs only)

- The routine that collects the data for the NAPIS submission (“Prepare NAPIS Submission



Reports”) button now excludes units of service for clients under 60 for non Title III funding sources (CHOICE and SSBG). Also all transactions for ‘local funding sources’ **are now** included in the totals. This change is based on recent conversations with the Administration on Aging.

- The Division of Aging may approve a change to the screen you utilize to enter your NAPIS expenditures. However, until that change is approved and implemented be sure the expenditures you enter for CHOICE AND SSBG (see screen shots below) **exclude** expenditures for those clients under 60.



The screenshot shows the 'INSITE' application window with the 'Expenditures' menu open. The title bar reads 'INSITE Expenditures'. Below the title bar, there is a prompt: 'For the time period noted below, please enter your expenditures'. Below this prompt, there are two date fields: '07/01/2009' and 'Through 06/30/2010'. Below the date fields, there is a table with the following columns: 'Category', 'Description', 'Total', and 'Edit'. The table contains the following rows:

Category	Description	Total	Edit
3100 TITLE III-A	Administration	0.00	Edit
3101 TITLE III-B	Social Services	0.00	Edit
3102 TITLE III-C1	Congregate Meals	0.00	Edit
3103 TITLE III-C2	Home Delivered Meals	0.00	Edit
3104 TITLE III-D	Preventive Health	0.00	Edit
3105 TITLE III-E	Family Caregiver Serving Children	0.00	Edit
3105 TITLE III-E	Family Caregiver Serving Elderly	0.00	Edit
3106 TITLE VII-OMB	Ombudsman	0.00	Edit
3900 ADLT PRO	Adult Protective Services	0.00	Edit
5005 TITLE V-ADMIN	Administration	0.00	Edit
5005 TITLE V-ENROLLEE	Enrollee Wages and Fringe	0.00	Edit
5005 TITLE V-OEC	Other Enrollee Costs	0.00	Edit
CHOICE & SSBG	CHOICE & SSBG Expenditures	0.00	Edit

The 'CHOICE & SSBG' row is highlighted with a red box. Below the table, there are three buttons: 'Exit', 'Remark For Export', and 'Help'.

INSITE

Expenditures Per Category - CHOICE & SSBG - CHOICE & SSBG Expenditu...

07/01/2009 Through 06/30/2010

Code	Service	CHOICE	SSBG	Total
1	Personal Care	0.00	0.00	0.00
2	Homemaker	0.00	0.00	0.00
3	Chore	0.00	0.00	0.00
4	Home-Delivered Meals	0.00	0.00	0.00
5	Adult Day Care	0.00	0.00	0.00
6	Case Management	0.00	0.00	0.00
7	Congregate Meals	0.00	0.00	0.00
8	Nutrition Counseling	0.00	0.00	0.00
9	Assisted Transportation	0.00	0.00	0.00
10	Transportation	0.00	0.00	0.00
11	Legal Assistance	0.00	0.00	0.00

Totals:

CHOICE 0.00 SSBG 0.00 Total 0.00

Calculate From INsite Save Cancel

- If the expenditure screen change is approved, it will include provisions for recording the expenditures for 'local funding' services you enter into INsite. If that change is not approved, the Division on Aging will advise how you are to report your 'local funding' expenditures.
- For Fiscal Year 2010 (July 1, 2009 through June 30, 2010) all units and expenditures for home delivered and congregate meals **are** to be recorded in INsite. Further guidance will be forthcoming from the Division on Aging regarding how to report your expenditures and units for home delivered and congregate meals after June 30, 2010 since those clients and units are to no longer be recorded in INsite.

Title 3-D – Health Promotion \ Preventative Health - (AAAs only)

- Beginning July 1, 2010 Administration on Aging is expanding the NAPIS report to now include the number of providers, the units of service, and the number of clients served for Title 3-D services.
- Thus, for this purpose, a funding source has been added to the master list of payors – TITLE3-D.
- Therefore, please enter your Preventative Health \ Health Promotion services utilizing TITLE3-D. This will require that you

- Edit the services you provide (physical fitness and health screening for example) and link them to TITLE3-D

INSITE

Maintain Care Plan \ Client Services

Service Code: Category:

Napis Service #: CHOICE Service #: SSBG Service #:

Brief Description: Title 3E Service #:

Slightly Longer Desc:

Standard Frequency of Service: Overhead Service Code:

Allow Weekly Units:

[Prompt For Care Plan Tasks](#)

Brokered? Nonbrokered? Comment

Is this typically a large 'lump sum' type service (home mods)?

Is this a service requiring a 'service authorization' form?

For SERVICE PLANNER - - Is this a SCHEDULED service?

For SERVICE PLANNER - - Is this a SHARED service?

Please mark the funding sources for which this service is authorized

Payer	Authzd
Preventative Health	<input checked="" type="checkbox"/>
Waiver - Aged & Disabled	<input type="checkbox"/>
CHOICE	<input type="checkbox"/>
Social Services Block Grant	<input type="checkbox"/>
Title III	<input type="checkbox"/>
Family Care Giver	<input type="checkbox"/>
Aging and Disability Resource Ce	<input type="checkbox"/>

- Also establish vendors that supply the service in the vendor file as noted in the screens below.

Vendor Maintenance - Provider KeyNumber: 1285

Name: ADVANCED MEDICAL EQUIPMENT

Address: [Redacted]

Addr. 2: [Redacted]

City: 47724-

Phones: [Redacted]

Contacts: [Redacted]

Counties: [Redacted]

Tax Id #: [Redacted]

EDS #s: [Redacted]

DURABLE MED EQP
ENVIRONMENTAL MODIF
VEHICLE MODIF

MAILING ADDRESS: P O BOX 4183
EVANSVILLE, IN 47724-0183

☐ Private ☒ Contract, THIS year? ☒ Contract, NEXT year?
☐ Minority Contract start date ☐ Contract, PRIOR year?
☐ AAA

ID# for G/L: [Redacted] Launch PickList

vers. Jul 26, 2002 Santrax ID: [Redacted]

Code	Description	Freq	Cost	All	Approved Payors (top 8)
DURM	DURABLE MEDICAL EQUIPMENT	1 UNIT	0.01	Info Displ	CH SS
EMOI	ENVIRONMENT MOD - INSTALL	1 UNIT	0.01	Info Displ	CH SS
EMOM	ENVIRONMENT MOD-MAINT	1 UNIT	0.01	Info Displ	CH SS
OTH	OTH NEEDED SVCS	1 UNIT	0.01	Info Displ	CH
SS	SUPPLEMENTAL SERVICES	1 UNIT	0.01	Info Displ	TITLE
VMOD	Vehicle Modification	1 UNIT	0.01	Info Displ	CH

First Next prev Last Retrieve Add Edit Print Deactivate re-aCtivate eXit

Vendor Maintenance - Provider KeyNumber: 1285

Name: ADVANCED MEDICAL EQUIPMENT

Address: 3111 ELMRIDGE DRIVE

Addr. 2: P O Box 4183

City: Evansville IN 47724-

Phones: (812)454-5588 MAIN (Edit)

Contacts: LENNY JOSEPH (Edit)

Counties: 26 -- Gibson (Edit)

Tax Id #: 204295303

EDS #s: 200810190-A (Edit)

DURABLE MED EQP
ENVIRONMENTAL MODIF
VEHICLE MODIF

MAILING ADDRESS: P O BOX 4183
EVANSVILLE, IN 47724-0183

☐ Private ☒ Contract, THIS year? ☒ Contract, NEXT year?
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DURM	DURABLE MEDICAL EQUIPMENT	1 UNIT	0.01	Edit Displ	CH SS
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EMOM	ENVIRONMENT MOD-MAINT	1 UNIT	0.01	Edit Displ	CH SS
OTH	OTH NEEDED SVCS	1 UNIT	0.01	Edit Displ	CH
SS	SUPPLEMENTAL SERVICES	1 UNIT	0.01	Edit Displ	TITLE
VMOD	Vehicle Modification	1 UNIT	0.01	Edit Displ	CH

Save Delete Add Service Cancel

Service provided by vendor

Service Code: HS Service Description: HEALTH SCREENING Frequency: 1 HR

☐ Home Health Agency
 ☐ IDDARS/ILS
 ☒ Non-Agency Vendor
 ☐ Rehab (TBI)
 ☐ None of above (Agency is vendor)

Cost - Prior Year: 0.00
 Cost - Current Year: 0.00
 Cost - Next Year: 0.00

Brokered Funding			Waiver		
CHOICE	<input type="checkbox"/>		- Aged & Disabled	<input type="checkbox"/>	
Social Services Block	<input type="checkbox"/>		Traumatic Brain Injury	<input type="checkbox"/>	
Title III	<input type="checkbox"/>		Support Services	<input type="checkbox"/>	
Family Care Giver	<input type="checkbox"/>		- Serious Emotional Disturbance	<input type="checkbox"/>	
TANF	<input type="checkbox"/>		OTHER FORMAL SERVICES	<input type="checkbox"/>	

☒ Available to select

If the 'Preventative Health' Brokered Funding doesn't show in the list, press the 'All Payors' button. The screen below will then appear

Service provided by vendor

Fund-Source		
Preventative Health	<input checked="" type="checkbox"/>	
- Aged & Disabled	<input type="checkbox"/>	
CHOICE	<input type="checkbox"/>	
Social Services Block Grant	<input type="checkbox"/>	
Title III	<input type="checkbox"/>	
Family Care Giver	<input type="checkbox"/>	
Aging and Disability Resource	<input type="checkbox"/>	
Medicaid Administration	<input type="checkbox"/>	
TANF	<input type="checkbox"/>	
Points of Hope - Donations	<input type="checkbox"/>	
Pre Admission Screening	<input type="checkbox"/>	
DONATED FUNDS	<input type="checkbox"/>	
Admin - TBI	<input type="checkbox"/>	
Admin - SSW	<input type="checkbox"/>	
Admin - Icfmr	<input type="checkbox"/>	
Admin - Medically Fragile	<input type="checkbox"/>	
Admin - DD	<input type="checkbox"/>	
Admin - Autism	<input type="checkbox"/>	
Admin - All	<input type="checkbox"/>	

Check the 'Preventative Health' item and then press the 'Done' button

- When entering units for Title 3-D services, you will be prompted to enter the number of elderly and non-elderly people served:

- This is different guidance than previously provided by the Division of Aging. Previously all the AAAs had to do was report expenditures for Health Promotion services since that is all AoA was requiring.

CHOICE Providers Required to be Waiver Providers (AAAs only)

- The INsite edit that requires a CHOICE provider be a Waiver provider has been removed.

Payor (funding source) Codes (AAAs only)

- AAAs will no longer be able to add their own local funding sources; however, most existing 'local funding' sources that have been created over the years are being retained. This is being done to standardize payors across the state to better ensure accurate reporting. AAAs will be able to edit the case management rate per payor. If you need a new funding source so you can utilize INsite to track local programs, submit your request to the Division of Aging. If deemed appropriate, the Division of Aging will add the requested payor and it will be exported to all AAAs.
- Many existing funding sources are being deleted. The patch routine will automatically 'convert' all existing transactions (fiscal, NAPIS, plan of care, case notes) to a funding source that is being retained as follows:
 - "TIII" to "TITIII"
 - "TIIIC1" to "TITIII"
 - "TIIIC2" to "TITIII"
 - "TITIIIC1" to "TITIII"

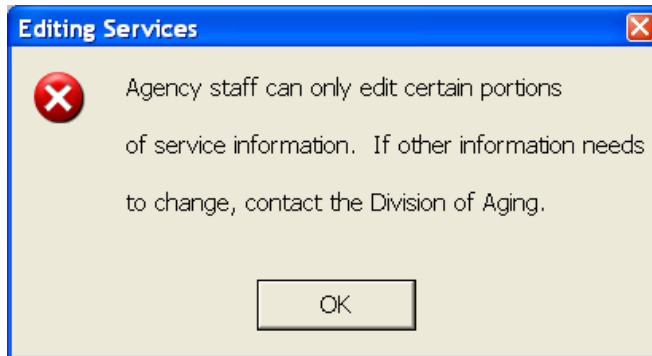
- "TITIIIC2" to "TITII"
 - "TITIIHDM" to "TITII"
 - "TITLE III" to "TITII"
 - "TITLEIIIA" to "TITII"
 - "TITLEIIB" to "TITII"
 - "TITLEIIC" to "TITII"
 - "T III HDM" to "TITII"
 - "T-III" to "TITII"
 - "T3B" to "TITII"
 - "TITIIIGB" to "TITII"
 - "TII NB" to "TITII"
 - "TITLE 3" to "TITII"
 - "TIT111" to "TITII"
 - "TITIII" to "TITII"
 - "TITII" to "TITII"
 - "TIT III" to "TITII"
 - "TITIIIC1" to "TITII"
 - "TITIIIC2" to "TITII"
 - "TITIII" to "TITII"
-
- "FAM CARE" to "TITLE3-E"
 - "FAM CARES" to "TITLE3-E"
 - "FRES" to "TITLE3-E"
 - "TIII-FC" to "TITLE3-E"
 - "TITIIIE" to "TITLE3-E"
 - "TITLE E" to "TITLE3-E"
 - "T 111E" to "TITLE3-E"
 - "CARE" to "TITLE3-E"
 - "T3-E" to "TITLE3-E"
 - "T3ESC" to "TITLE3-E"
 - "TSUPPT" to "TITLE3-E"
 - "CGSP" to "TITLE3-E"
-
- "IIID" to "TITLE3-D"
 - "TIII-D" to "TITLE3-D"
 - "TIIID" to "TITLE3-D"
 - "TITLE 3 D" to "TITLE3-D"
 - "T3 D" to "TITLE3-D"
 - "TIIID" to "TITLE3-D"
-
- "CH" to "CHOICE"
 - "CHO2" to "CHOICE"
 - "CHOICE_ON" to "CHOICE"
 - "CH_1_TIME" to "CHOICE"
 - "CH_INCR" to "CHOICE"
 - "CSP" to "CHOICE"

- "CHOCE" to "CHOICE"
 - "CHOCIE" to "CHOICE"
 - "COICE" to "CHOICE"
 - " CHOICE" to "CHOICE"
-
- "SSBG_ON" to "SSBG"
 - "SSBG/TI3" to "SSBG"
 - "SSBG/WVAD" to "SSBG"
 - "TITLE XX" to "SSBG"
-
- "OH" to "OHA"

Service Codes (AAAs only)

- AAAs will no longer be able to add their own service codes. This is being done to standardize services across the state to better ensure accurate reporting. If you need a new service so you can utilize INsite to track a local service, submit your request to the Division of Aging. If deemed appropriate, the Division of Aging will add the requested service and it will be exported to all AAAs.

- When editing an existing service, you will now receive the following message



- You will still be able to edit the items circled

INSITE

Maintain Care Plan \ Client Services

Service Code: Category:

Napis Service #: CHOICE Service #: SSBG Service #:

PERSONAL CARE HOME HEALTH SERVICES HOME HEALTH SERVICES

Brief Description: Title 3E Service #

Slightly Longer Desc:

Standard Frequency of Service: Overhead Service Code:

Allow Weekly Units:

Prompt For Care Plan Tasks

Brokered? Nonbrokered?

Is this typically a large 'lump sum' type service (home mods)?

Is this a service requiring a 'service authorization' form?

For SERVICE PLANNER - - Is this a SCHEDULED service?

For SERVICE PLANNER - - Is this a SHARED service?

Please mark the funding sources for which this service is authorized

Payor	Authzd.
Medicaid Waiver Administration	<input type="checkbox"/>
Alzheimers - Special Grant	<input type="checkbox"/>
Alzheimers - Special Grant #2	<input type="checkbox"/>
American Recovery & Reinvestme	<input type="checkbox"/>
BDDS - Indep Community Living B	<input type="checkbox"/>
Blend SSBG or Title III	<input type="checkbox"/>
Blended (CHOICE, SSBG, or TITL	<input type="checkbox"/>

Waiting Lists – Non-Waiver (AAAs only)

- AAAs will no longer be able to add their own reasons for adding a client to or removing them from the non-waiver waiting lists.
- The existing waiting list reasons have been deactivated and will no longer appear in the drop down lists.

- [illegible]

- When you place an individual on a non-waiver waiting list the drop down list will look as follows:

INSITE

Waiting List Services

JOSHUA **SMITH**

☐ Choice ☐ A & D ☐ Frag ☐ TBI ☐ Adult Foster Care ☐ all Other
☒ SsbG ☐ aUtism ☐ Assisted Living ☐ Support Services
☐ Title III ☐ SSBG or Title III ☐ DD ☐ SSBG, Title III, or CHOICE

☐ 1 Homemaker ☐ 4 Home Health Aide ☐ 7 Home Delivered Meals
☐ 2 Attendant Care ☐ 5 Skilled Nursing ☐ 8 Respite Care
☒ 3 Case Management ☐ 6 Adult Day Care ☐ all otherR

Monthly Units: Average Cost:

Reason for Being Placed on Waiting List:

R) Client does not need services yet but is being placed on the waitlist in anticipation of need
 IO) Client is Medicaid PA eligible but does not meet waiver LOC and needs non-waiver services
 EL) Client is not Medicaid eligible and waiting for non-waiver services
 #) Client is waiting for a waiver slot
 ***) Client needs not met through a waiver and need supplemental services through non-waiver

BDDS Case Manager:

User=> STATUS

Comments: ☐

Save Cancel **V 2.1b**

- The drop down list for removing a client from the non-waiver waiting list will now appear as follows:

Removing Clients from Waiting List

JOSHUA **SMITH**

Payor: **CHOICE** Service: **HMK** Units: **5.00**

Reason for removing this client's service from the Waiting List:

ASTLV) Client moving to assisted living - non-waiver
CNTCT) Could not make contact with client for review
DEATH) Client is deceased
DKLIN) Client declined non-waiver services
HSPTL) Client has been hospitalized
IMPRV) Client condition improved - does not need services anymore
INAPR) Client no longer appropriate for non-waiver services

Save **Cancel**

MFP AD & MFP TBI – Advantage Only

- Two new items have been added to the reasons for interrupting the receipt of services for MFP_AD and MFP_TBI. These only apply to MFP.
- The two new reasons are hospitalization and other.
- If the client returns from their hospitalization or 'other' circumstance within 30 days, please still use the Re-Start DEW to indicate they have resumed receiving MFP services.
- The Interrupt Drop down list will appear as follows:

Select the code

Either highlight the appropriate choice in the list or enter a few characters in the box below. Once the proper choice is highlighted, click OK or press the ESCAPE key.

A	VOLUNTARY WITHDRAWAL
B	NURSING FACILITY PLACEMENT
G	IN-HOME SERVICES NO LONGER REQUIRED
HOSPI	HOSPITAL ADMISSION
OTHR	OTHER REASON FOR INTERRUPTING MFP

OK

Pre-Admission Screening – AAAs only

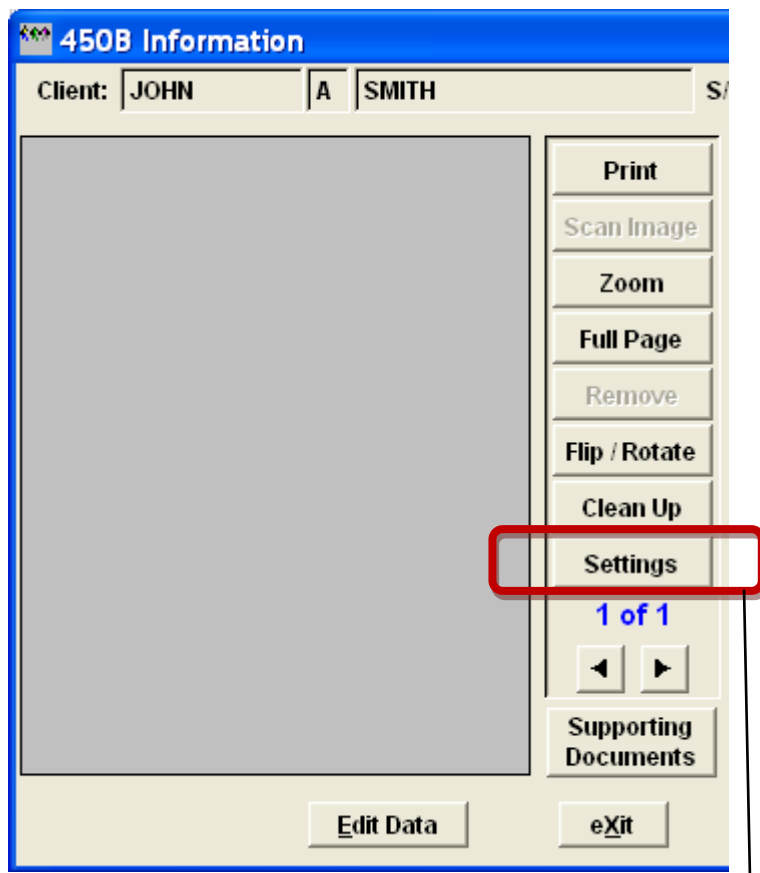
- When entering a new PAS client, the address, city, state, and zip of the client must be entered. The new data entry screen appears as follows:

The screenshot shows a window titled "Intake New Client" with a blue header bar. Inside the window, there is a grey background with red text instructions: "First enter the client's SSN. If that client has already been entered into INsite, you will be so advised. If not in INsite, then continue to enter the name, date of birth, and address. If the client is in INsite based on that information, you will be so advised." Below the instructions are several input fields: "SSN" (a small field with two dashes), "First Name:" (a text field), "MI:" (a small dropdown menu), "Last Name:" (a text field), "Date of Birth:" (a date field with slashes), "Age:" (a text field), "Address:" (a text field), "City:" (a text field), "State:" (a dropdown menu), "Zip:" (a text field with a dash), "County:" (a dropdown menu with a folder icon), "Date Initially Contacted Regarding this Screening:" (a date field with slashes), "Application Date:" (a date field with slashes), and "Date Application Received:" (a date field with slashes). At the bottom, there are two buttons: "Save changes" and "Cancel changes".

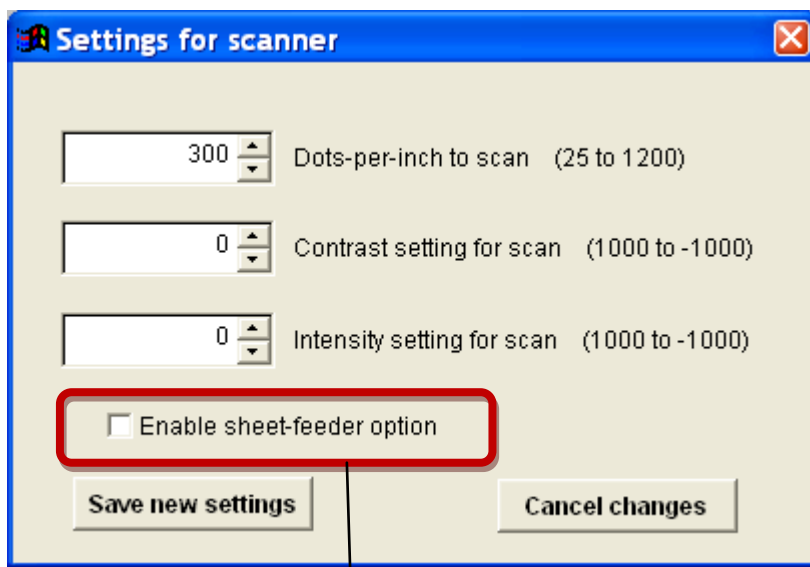
- The requirement for these data elements also applies when editing client demographics.

Scanning – PAS (AAAs only) and INsite (All users)

- The scanning feature has been upgraded to work with sheet feeders.
- The new screen appears as follows:



Pressing the 'Settings' button brings up the screen below that has changed.



If you have s scanner with a sheet-feeder attached to your workstation, then mark the ‘Enable sheet-feeder option’.